



Income and Residency Verification Form

Please fill in the information requested and sign below. Be sure to also attach a copy of your income and residency verification.

First Name: _____ Social Security Number: _____

Last Name: _____ Number in Family: _____

Income Amount: _____ County of Residence: _____

Income Is: (Circle one)

Annually
Quarterly
Monthly
Weekly
Bi-monthly (24 pay periods/year)
Every Two weeks (26 pay periods/year)

Income Verification Source: (Circle one)

Copy of Court Order (Child Support)
Employer Income Statement
Bank Statement
Check Stub from Employer
Labor and Workforce Development Statement
Government Program Award Letter
Investment Statement
Social Security Benefit Statement
SSI/Disability Statement
Tax Return from Previous Year
Original Notarized Letter of Support

Residency Verification Source: (cannot accept expired documents)

Driver's License
Voter's Registration Card
Mortgage Statement/book
Homeowners/Renters Insurance
Check Stub from Employer (addressed to you)

Property Tax Statement
Rent receipts
Mail addressed to you (i.e., a utility bill)
Original Notarized Letter of Support

I certify the above is true and valid information to the best of my knowledge.

Signature: _____ Date: _____

Care Coordinator: _____ Date: _____